

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
|                           | JH       |        | 06/01/01 |
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 48     | 6/13/01  |
| FORMALITY REVIEW          | K        | 1019   | 07.27.01 |
| RESPONSE FORMALITY REVIEW | A.M      | 580    | 10-04-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet her

(LEFT INSIDE)

6267/17/01  
 283-850  
 10-04-01